MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518181

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51							
2		I					52							
3							53							
4							54							
5							55							
6							56							
7		I					57							
8							58							
9	I						59							
10		I					60							
11							61							
12							62							
13							63							
14							64							
15	I						65							
16		I					66							
17	I						67							
18		I					68							
19	I						69							
20		I					70							
21	I						71							
22		I					72							
23	I						73							
24	I						74							
25							75							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	8						TOTAL IND.							
TOTAL DEP.	16						TOTAL DEP.							
TOTAL CLAIMS	24						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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